

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/587646		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12						TOTAL CLAIMS						